

## AHS Board and Executive Expense Report

**Name** Dr. Kevin Worry  
**Title** Zone Medical Director North Zone  
**Location** Spruce Grove

Expenses submitted during the month of February 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-16	P-Card	Meetings	449	59	360	476	1,344			10
<b>Total</b>			\$ 449	\$ 59	\$ 360	\$ 476	\$ 1,344	\$ -	\$ -	\$ 10

**Total for the Month** \$ 1,354

Maximum daily single meal expense claimed in the month \$ 30  
 Maximum daily base hotel rate claimed in the month \$ 178  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signature required where indicated below

<b>WORRY, KEVIN</b> Cardholder's Name	<b>MEDICAL DIRECTOR - NORTH</b> Cardholder's Position/Title	Billing Reporting Period:	<b>20/02/2016</b>
<b>MEDICAL AFFAIRS</b> Cardholder's Dept	<b>NORTHERN LIGHTS REGIONAL</b> Cardholder's Site/Location	Total Statement Amount:	<b>\$1,353.21</b>
<b>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card #	<b>[REDACTED]</b>

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/01/2016	416811948	AIR CANADA AIR CANADA	448.86	CAD	448.86	.00	.00	Flight Paid Re: Fort McMurray physician meeting ✓
20/01/2016	416801683	MPARR00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.40	.00	Parking Paid Re: Zone Executive Leaders meeting at SSP ✓
21/01/2016	416811847	MPARR00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.40	.00	Parking Paid Re: Dr. Worry/Dr. Mador one on one at SSP ✓
22/01/2016	416708478	BANFF EAST GATE, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	9.00	CAD	9.00	.40	.00	Entry Fee Re: Banff East Gate - Enhanced Surgical Skills meeting ✓
22/01/2016	416708478	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.70	.00	Parking Paid Re: Meeting with Jamie Rice in Calgary ✓
23/01/2016	416708474	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	108.31	CAD	108.31	.00	.00	Car rental Re: meeting with Jamie Rice in Calgary ✓
25/01/2016	416708475	JUGO JUICE, EATING PLACES, RESTAURANTS	16.80	CAD	16.80	.80	.00	Dinner Paid Re: Meeting with Jamie Rice in Calgary - 2 sweet chili chicken, 1 water ✓
25/01/2016	416708477	HUSKY CALG. AIRPORT, FUEL DISPENSER, AUTOMATED	17.15	CAD	17.15	.80	.00	Gas Paid Re: Roll to rental car for the Enhanced Surgical Skills Meeting in Banff ✓
25/01/2016	416828188	BLACKROCK RESORT HOTEL G, LODGING HOTELS, MOTELS, RESORTS	214.15	CAD	214.15	.00	.00	Hotel Paid Re: Banff Summit on Enhanced Surgical Skills ✓
25/01/2016	416848225	EMHOST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	12.25	CAD	12.25	.60	.00	Dinner Purchased Re: Flight to Fort McMurray - 2 chicken wrap and hot tea ✓
25/01/2016	416848226	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.60	.00	Parking Paid Re: AZMD meeting at SSP in Edmonton ✓
25/01/2016	416848227	EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	7.00	CAD	7.00	.30	.00	Parking Paid Re: Meeting with Alberta Health Advocates in Edmonton ✓
25/01/2016	416848224	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	69.38	CAD	69.38	.00	.00	Car Rental Paid Re: Meeting with Physicians in Fort McMurray ✓
25/01/2016	417099804	SHELL, FUEL DISPENSER, AUTOMATED	2.41	CAD	2.41	.00	.00	Gas purchase Re: Rental car roll in Fort McMurray ✓
27/01/2016	417099603	MERIT HOTEL & SUITES, LODGING HOTELS, MOTELS, RESORTS	162.41	CAD	162.41	7.70	.00	Hotel Paid Re: Fort Mc Murray physician meeting ✓
28/01/2016	417319165	EARL & FORT MCMURRAY A, EATING PLACES, RESTAURANTS	28.00	CAD	28.00	1.40	.00	Lunch Paid Re: Meeting with NLRHC physicians 1 pop, 1 onion chicken ✓
05/02/2016	416340511	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	107.00	CAD	107.00	7.00	.00	Parking Paid Re: Monthly Parking at Edmonton International Airport ✓
11/02/2016	416826983	MPARR00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.70	.00	Parking Paid Re: Mentor Meeting with Dr. Jema Yu at SSP ✓
13/02/2016	416826984	MPARR00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	15.35	CAD	15.35	.70	.00	Parking Paid Re: Special Senior Leaders Meeting, Dr. Mador 1:1 and Workforce Planning Meeting at SSP ✓

**Cardholder Designate (If Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

KEANA BRIDGEMAN  
Name of Cardholder Designate

EXEC. ADMIN COORDINATOR  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

23-Feb-2016  
Date of Signature

**Cardholder**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

WORRY, KEVIN  
Name of Cardholder

MEDICAL DIRECTOR - NORTH  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

24-Feb-2016  
Date of Signature

**Approver Designate (If Applicable)**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Audrey Malone  
Name of Approver Designate

Exec Admin Coord.  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

Feb 25/16  
Date of Signature

**Approver**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Francois Belanger  
Name of Approver

A/VP Quality + CMO  
Approver Position/Title

[Signature]  
Signature of Approver

Feb 25 2016  
Date of Signature

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
  - Copies of pre-approvals for travel
  - Personal cheque payable to "Alberta Health Services"
  - Return, refund and/or credit receipts
  - Disputes letter
  - Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Travel Re: Flight to Fort McMurray, physician meeting. (1)

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]

Date:

January 19, 2016

Page:

1/2

Our Reference: [REDACTED]

## INVOICE

### For

DR KEVIN W WORRY

AC [REDACTED]

Monday, January 25, 2016

✈ Air

AIR CANADA

Flight: 8388 W CLASS

From: EDMONTON INTL AB

06:10 PM Equipment: DH4

To: FT MCMURRAY

07:15 PM

Mile(s) Flown: 240

Stops: 0 Arrival: 25Jan16

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 7C

Tuesday, January 26, 2016

✈ Air

AIR CANADA

Flight: 8385 W CLASS

From: FT MCMURRAY

01:50 PM Equipment: DH4

To: EDMONTON INTL AB

02:54 PM

Mile(s) Flown: 240

Stops: 0 Arrival: 26Jan16

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 10D

### Cost:

AIR CANADA WEB [REDACTED]

373.60

Tax:

74.96

Ticket Total:

448.56



To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 17, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	448.56
<b>Less Credit Card Payments:</b>	448.56
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Parking Paid Re: zone executive leaders meeting at SSP.

2

**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**JAN 20, 2016**

Purchase Date/Time: 11:23am Jan 20, 2016

Total Parking: \$28.57

Total gst: \$1.43

Total Due: \$30.00

Total Paid: \$30.00

Ticket

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$30 - All Day

Payment Type: Card



MasterCard

Auth



GST #887315638RT0001

Parking Paid Re: Dr. Worry / Dr. Mador 1:1, Seventh Street Plaza  
Edmonton. 2

  
**impark**  
IMPARK  
PHONE 780-420-1976

**TICKET VOID IF RESOLD** | **TICKET VOID IF**

HOURLY PARKER  
Meter : LOT 383  
no in and out privileges  
Time: 12:47P JAN 21

Price: \$10.00  
Card: XXXXXXXXXX  
Exp.: XXXXXXXXXX  
Expires: XXXXXXXXXX

**2:47PM THU**  
**JAN 21 16**

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

**impark**

**PLACE TICKET ON DASH** | **SIDE UP ON DASH**

Entrance fees re: Banff east gate, Enhanced Surgical Skills Meeting.

④

BANFF EAST GATE  
101 MOUNTAIN AVENUE  
BANFF AB

CARD \* [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/01/22  
TIME 2426 18:55:38  
RECEIPT NUMBER [REDACTED]

PURCHASE  
TOTAL

\$9.80

MasterCard  
A0000000041010  
8A289663D4B7BA7E  
0000008000-E800  
F93185911CF5054F

APPROVED

AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS

Parking Paid Re: Meeting with Jamie Rice in Calgary.

5

**RECEIPT**  
Southland Park IV  
Southport Tower

License Plate Number



Expiration Date/Time

**08:43 AM**  
**JAN 23, 2016**

Purchase Date/Time: 08:43am Jan 22, 2016  
Total Due: \$15.00      Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00      Payment Type: Card  
Ticket # [REDACTED]  
S/N # [REDACTED]  
Setting: [REDACTED]  
Mach Name: CA-SPT-001

[REDACTED] MasterCard [REDACTED]

www.ahs.ca  
DO NOT PLACE ON DASH

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING REC

Rental Paid Re: Meeting with Jamie Rice in Calgary.



2000 AIRPORT RD NE  
CALGARY, AB T2E6W5  
Federal GST# :889365821

Rental Agreement #:  
Bill Ref #:  
Invoice Date:  
Account #:



**BILLING DETAIL**

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	2 DAY	40.00	80.00
Subtotal			80.00
CUSTOMER FACILITY CHG 6.00/D/	2 DAY	6.00	12.00
CONCESSION RECOVERY FEE 15	PCT	15.61	12.73
VEHICLE LICENSE FEE .79/DAY	2 DAY	0.79	1.58
<b>Total Charges (CAD)</b>			<b>106.31</b>

**PAYMENTS**

Payment	Master Card	-106.31
<b>Total Payments (CAD)</b>		<b>-106.31</b>

**Amount Due (CAD) 0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

**BILL TO**

KEVIN WORRY

**RENTAL INFORMATION**

Date/Time Out	Start Charges	Date/Time In
01/22/2016 07:48	01/22/2016 07:59	01/23/2016 19:03

**Renter**  
WORRY, KEVIN

**RENTAL VEHICLES**

Color	License	Model	Unit	Miles/Kms	
				Out	In
WHITE				28,084	28,100
<b>VIN:</b>					

**CLAIM INFORMATION**

<b>Claim# / PO# / RO#</b>	<b>Insured</b>	
<b>Date of Loss</b>	<b>Type of Loss</b>	<b>Type of Vehicle</b>
	<b>Repair Shop</b>	

**For Billing Inquiries / Payment Terms :**

Tel#:(403) 216-3490  
ALBARADMIN@ehi.com  
Payment Due within days of invoice date  
Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

<b>Please Return This Portion With Remittance</b>	<b>Amount Due (CAD)</b>	0
<b>Remit To :</b> ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4	<b>Paid By:</b> KEVIN WORRY	
<b>Account #</b>	<b>Rental Agreement</b>	<b>Amount</b>
		0
		<b>GPBR</b>



Dinner Paid Re: Meeting with Jamie Rice in Calgary. (7)

JUGO JUICE Calgary Airport -  
Departures  
Gate D

Tbl:0

Ref  
Chk

1/23/2016 7:24 pm

2 Sweet Chili Chicken	13.50
.Dasani	2.50
-----	
SubTotal	16.00
.GST	0.80
-----	
Total	16.80
Mastercard	16.80
-----	
Amount Paid	16.80

JUGO JUICE Calgary International  
Airport  
2000 Airport Road NE, Concourse D  
Calgary, AB T2E 6W5  
Canada  
(403) 717-9706  
Thanks for visiting Jugo Juice  
Please come again

Gas Paid re: Refill of rental car, Enhanced Surgical Skills meeting  
in Banff. (8)

Calgary Airport Husk  
9100 Barlow Trail NE  
Calgary AB  
(403) 250-8418  
GST# 826570244  
Retailer ID 4714267  
Ret:25995 1220-2  
Batch:3866-17

2016/01/23 18:56:56

Item	Amount
Pump# 2	
Eth Regular	\$17.13
21.172 L x \$0.809/L	
AMOUNT	\$17.13
GST(Incl Pump)	\$0.82

MASTERCARD

2016/01/23 18:56:56

A#  
0

Approved

PLEASE TELL US  
HOW WE DID!  
[myHusky.ca/feedback](http://myHusky.ca/feedback)

Hotel Paid Re: Banff Summit  
on Enhanced surgical skulls.



9

Dr. Kevin Worry

[Redacted]

Room No. : [Redacted]  
Arrival : 01/22/16  
Departure : 01/23/16  
Conf. No. : [Redacted]  
Ref. No. : [Redacted]

Group Name : MeetingPro  
Company Name : MeetingPro

Cashier No. [Redacted]

Date	Description	Charges CAD	Credits CAD
01/22/16	Package	178.00	
01/22/16	Self Parking	16.00	
01/22/16	GST	0.80	
01/22/16	Room Tourism Levy	19.35	
01/23/16	MasterCard [Redacted]		214.15
<b>Balance</b>		<b>0.00</b>	<b>CAD</b>

Enjoyed Your Stay?  
Please take time to share your experience on Trip Advisor.

Thank you for choosing The Rimrock Resort Hotel.  
We look forward to your next visit!

Dinner at Edmonton International airport Re: Flight to Fort McMurray.

10

HMSHOST  
TIM HORTONS DEPARTURES  
EDMONTON INTERNATIONAL AIRPORT

CHK [REDACTED] GST 1  
JAN25 16 4:51PM

TO GO

1 WRP GR CHPTL CHX 4.99  
TOASTED  
1 WRP GR CHPTL CHX 4.99  
TOASTED  
1 HOT TEA M 1.67

SUBTOTAL 11.65  
TAX 0.58  
AMOUNT PAID 12.23

MASTERCARD 12.23  
Closed JAN25 04:52PM---

WE WANT TO HEAR YOUR FEEDBACK!  
PLEASE CONTACT 1-877-672-7467  
OR CUSTOMERSERVICE@HMSSHOT.COM  
TO SHARE YOUR EXPERIENCE.

STOREID: YEGTHS02  
GST #137512901

Your order number is: 9064

Parking Recd Re: Azms meeting in Edmonton.

11

AND UAH PARKADE EASTII  
8440-112 STREET T6G2B7  
EDMONTON AB  
20733493

|||| PURCHASE ||||

01-25-2016 15:57:43  
Acct # [REDACTED] C  
Exp Date [REDACTED] Card Type MC  
Name: KEVIN WORRY  
A0000000041010 MasterCard

Trace [REDACTED]  
Auth # [REDACTED] RRN 001375054

Total \$14.25

( 00 ) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

UNIVERSITY OF ALBERTA  
HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #2

Rcpt [REDACTED]  
01/25/16 15:56 LH 2 AH 2 Txn# 80421  
01/25/16 12:06 In 01/25/16 15:56 Out  
Tkt# [REDACTED]  
UAH Fee #1 \$ 14.25  
Total Fee \$ 14.25  
MASTER CARD \$ 14.25-Change Due  
\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:  
parkinedmonton@  
albertahealthservices.ca

Parking paid re: Meeting with Alberta Health Advocate in  
Edmonton. (12)

THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT

**CITY OF EDMONTON**

Terminal: [REDACTED]    Zone: 3011  
Plate: [REDACTED]  
108 ST From 100 AVE to JASPER AVE East Side  
Valid through:  
**MONDAY 25 JAN 16**  
**11:58 AM**  
Amount Paid: \$7.00 (GST incl.)    Auth No [REDACTED]  
Start Time: 1/25/2016 9:59 AM  
T [REDACTED]

THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT    THIS IS YOUR RECEIPT



Rental Car Re: Meeting with physicians on Fort McMurray

13



100 SNOWBIRD WAY  
FORT MCMURRAY, AB T9H0G3  
Federal GST# :889365821

Rental Agreement #:  
Bill Ref #:  
Invoice Date:  
Account #:



**BILLING DETAIL**

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	52.00	52.00
Subtotal			52.00
CUSTOMER FACILITY CHARGE 8.00	1 DAY	8.00	8.00
CONCESSION RECOVERY FEE 16	PCT	16.28	8.59
VEHICLE LICENSE FEE .79/DAY	1 DAY	0.79	0.79
<b>Total Charges (CAD)</b>			<b>69.38</b>

**BILL TO**

KEVIN WORRY  
[Redacted]

**RENTAL INFORMATION**

Date/Time Out	Start Charges	Date/Time In
01/25/2016 19:23	01/25/2016 19:56	01/26/2016 12:36

**Renter**  
WORRY, KEVIN

**RENTAL VEHICLES**

Color	License	Model	Unit	Miles/Kms Out	In
BLACK	L09734	MALIBU	7LD84R	22,560	22,588

VIN:1G11D5SL8FF257855

**CLAIM INFORMATION**

Claim# / PO# / RO#	Insured

  

Date of Loss	Type of Loss	Type of Vehicle	Repair Shop

**PAYMENTS**

Payment	Master Card	-69.38
<b>Total Payments (CAD)</b>		<b>-69.38</b>

**Amount Due (CAD) 0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

**For Billing Inquiries / Payment Terms :**  
 Tel#:(403) 216-3490  
 ALBARADMIN@ehi.com  
 Payment Due within days of invoice date  
 Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

<b>Please Return This Portion With Remittance</b>		<b>Amount Due (CAD)</b>	0
<b>Remit To :</b> ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4		<b>Paid By:</b> KEVIN WORRY [Redacted]	
<b>Account #</b>	<b>Rental Agreement</b>	<b>Amount</b>	<b>GPBR</b>
[Redacted]	[Redacted]	0	[Redacted]

Gas Re: Refill rental  
car in Fort McMurray.

WELCOME

Shell Canada  
291 SAKITAWAW TRAIL  
T9H 5E7  
FORT MCMURRAY AB  
(780) 715-9093

MASTERCARD  
PURCHASE C

INV No. [REDACTED]  
2016/01/26 12:07  
MasterCard  
AID A0000000041010  
TVR 0000008000  
TSI E800  
LTP [REDACTED]

Term: 21607  
Appr: 20013264800021  
6012610053101  
Reference: [REDACTED]

\*\*\*\*\*  
\*

Earn Refuel Rewards  
every month!  
Fill-up with 225L  
and get 10 miles,  
or with 500L and  
get 25 miles.

Bronze  
PUMP No. 02  
LITRES 2.772  
PRICE/L \$0.869  
TOTAL FUEL \$2.41  
01 APPROVED - THANK  
YOU 001

APPROVAL No. [REDACTED]  
TERMINAL No. [REDACTED]  
89216070  
VERIFIED BY PIN

IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES  
GST - Fuel \$0.11  
No. 137400032RT

TOTAL SALE \$2.41

STORE: C21607  
TRAN: 6771324  
2016/01/26 12:08:26

YOUR OPINION COUNTS  
Tell us about your  
recent visit at  
www.shell.ca/opinion  
and you could win a  
\$100 Shell Gift Card  
\*Receipt Required

THANK YOU  
Questions?  
1-800-661-1600

Hotel paid Re: Physician meeting in Fort McMurray.



**Merit**  
Hotel & Suites

15

**DR Kevin W Worry**



Guest Name:  
Company Name: Alberta Health Services  
Group Name:  
G.S.T: 84970 2444 RT0014

**INFORMATION INVOICE**

Room No. : [Redacted]  
Arrival : 01-25-16  
Departure : 01-26-16  
Folio No. : [Redacted]  
Conf. No. : [Redacted]  
Cashier No. : [Redacted]  
PO# : [Redacted]  
Job# :  
Cost Center# :

Date	Description	Charges	Credits
01-25-16	Room Charge	149.00	
01-25-16	Room GST 5%	7.45	
01-25-16	Tourism Levy 4%	5.96	
01-26-16	MasterCard		162.41
		<b>Total Charges</b>	<b>162.41</b>
		<b>Total Credits</b>	<b>162.41</b>
		<b>Balance</b>	<b>0.00</b>

**Guest Signature**

I have received the goods and/or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Thank you for staying with us !

Lunch @ Fort McMurray Airport Re: Flight back to Edmonton  
Meeting with physicians at NLRite.

16

EARLS - YMM  
240-100 Snowbird Way  
Fort McMurray Airport  
Fort McMurray, AB T9H5B4  
780-790-1700

\*\* TRANSACTION RECORD \*\*

Tran. # [REDACTED]  
RUC: Restaurant  
Table [REDACTED]  
Check [REDACTED]  
Group # [REDACTED]  
Employee [REDACTED]  
Employee [REDACTED]

MasterCard  
Pre-Auth Purchase  
[REDACTED]

Amount CAD\$29.93

APPROVED [REDACTED]  
00-001 180416  
EA65W855/EA65WC55  
274001001008  
2016/01/26 13:04:16

TUR: 0000008000  
TSI: E800

No signature required

Customer Copy

THANK YOU  
Come Again

EARLS RESTAURANTS

# earls

GREAT FOOD GREAT PEOPLE

240 - 100 Snowbird Way  
Fort McMurray Intl Airport  
Fort McMurray, AB T9H 5B4  
780-790-1700

[REDACTED]

Tbl [REDACTED]  
26Jan'16 12:42PM

1 POP	3.50
1 CAJUN CHICKEN	25.00
Subtotal	28.50
GST Tax	1.43
01:01PM Total	<b>29.93</b>

PLEASE PAY YOUR SERVER  
GST # 83096 3310 RT0001

Monthly Edmonton International Airport Parking.

17

=====  
Pay  
=====

Merchant Name:	<b>Edmonton International Airport Finance Department</b>
Transaction Date:	Fri, Feb 05, 2016, 11:59:34 AM
Merchant Address:	1, 1000 AIRPORT ROAD Alberta, AB T9E 0V3
Card Type:	<b>MASTERCARD</b>
Card Number:	[REDACTED]
Amount:	\$157.50
Auth Code:	[REDACTED]
Transaction Ref:	[REDACTED]
Transaction Type:	DEBIT
Card Read Method:	KEYED
Transaction Status:	Capture Queued <b>APPROVAL</b>
Merchant ID:	[REDACTED]
User Ref:	[REDACTED]
User Data 1:	[REDACTED]
User Data 2:	[REDACTED]

=====

Parking Paid at SSP re: mentor meeting with Dr. Verna Yiu. (R)

**TICKET VOID IF**

**impark**  
IMPARK  
PHONE 780-420-1976

**HOURLY PARKER**  
Meter : LOT 383  
no in and out privileges  
Time: 8:22A FEB 11

Price: \$15.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

**impark**  
11:22AM THU  
FEB 11 16

GST NO. 887315638R10001  
INSTRUCTIONS ON BACK

**TICKET VOID IF RE-SOLD**

**PLACE THIS SIDE UP ON DASH**

**PLACE THIS SIDE UP ON DASH**



Parking Paid Re: Special Senior Leaders Meeting at SSP.

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# RECEIPT



Impark Edmonton  
10239 – 107th Street  
Edmonton T5J 1K1  
Canada

**Date:**

24 Feb 2016 12:09 PM

**Receipt:**

[REDACTED]

**Account Number:**

[REDACTED]

Txn ID	Description	Location-Stall	License	Card Used	Date	Duration	Cost
[REDACTED]	Parking	9552 10034 106th Street	[REDACTED]	MasterCard	12 Feb 2016	12 Feb 2016 08:17 - 12 Feb 2016 18:00	\$15.35
Total							\$15.35



paybyphone.com